

**The Department of Early Learning**  
**Washington Early Support for Infants and Toddlers (ESIT) Program**

# Notice & Consent for Initial Evaluation/Assessment

**PURPOSE:** To provide written prior notice to the parent(s) when an initial evaluation/assessment is being proposed and to obtain parental consent to conduct the initial evaluation/assessment being proposed.

<b>CHILD'S NAME</b>	<b>DOB</b>	<b>FAMILY RESOURCES COORDINATOR</b>
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## REASON FOR NOTICE

The ESIT program is required to provide you with written prior notice within a reasonable time before conducting evaluation and assessment activities. It is required that you give informed, written consent for these activities through your signature below. The purpose of evaluation and assessment is to obtain information about your child from you and other people you ask to participate; provide your family with additional information about your child's development; identify the unique strengths and needs of your child and the services that may be appropriate to meet those needs; determine whether your child is eligible for the ESIT program; and if your child is eligible, with your agreement and participation, develop a written Individualized Family Service Plan (IFSP). This is your statement of that notice.

*"Consent" means that: (1) You have been fully informed of all information about the activity(s) for which consent is sought in your native language (unless clearly not feasible to do so) or other mode of communication; (2) that you understand and agree in writing to the carrying out of the activity(s) for which consent is sought; (3) the consent describes the activity(s); and (4) the granting of your consent is voluntary and may be revoked in writing at any time. 34 CFR 303.401(a).*

## ACTION PROPOSED

A multidisciplinary team evaluation/assessment will be conducted by at least two qualified individuals from different disciplines in accordance with ESIT program policies and procedures. Your participation as a member of the evaluation team is strongly encouraged. You know your child best and can provide important information about your child. The evaluation is a comprehensive view of how your child is doing in the developmental areas of cognitive, gross motor, fine motor, communication, social-emotional, adaptive, vision, and hearing. The evaluation results will indicate how your child is doing in all of these areas. These results are kept in your child's early intervention record. No information about the evaluation and assessment will be shared with anyone or any agency outside of the ESIT programs unless you provide written consent to do so.

## DESCRIPTION

The evaluation and assessment will vary based on the needs of your child. It includes reviewing records about your child's health, development and medical history and status. It also may include a parent interview, child observation, and administration of formal and informal developmental evaluation tools. Evaluation team members will talk with you about these methods. The evaluation and assessment will be provided at no cost to you.

## TIMELINES

Date your child was referred to the  
ESIT program for evaluation/assessment:

The multidisciplinary team will complete an evaluation/assessment and if your child is eligible, and you agree, the development of an Individualized Family Service Plan (IFSP) must be completed within 45 calendar days from the date your child was referred. If your family needs additional time beyond the 45 days, it is important that you tell your Family Resources Coordinator. The IFSP is a written plan developed in partnership with your family and professionals to meet the ongoing needs of your child and family. It can be changed at any time. The IFSP is written only if your child is eligible for services.

## ACKNOWLEDGMENT AND STATEMENT OF CONSENT

Parent Initials

***I have received a copy of my rights under Part C of IDEA (ESIT Program Parent Rights) with this notice.***

These rights have been explained to me and I understand them. I understand that my consent is voluntary and that I can choose, at any time, not to have my child evaluated even after signing this form. I understand that if I choose not to consent to this evaluation and assessment, my child will not be evaluated or assessed and cannot receive early intervention services under the ESIT program.

<input type="checkbox"/> I do <input type="checkbox"/> I do not give my informed consent for the ESIT program to carry out the activity(s) described above.	
<b>PRINT PARENT(S) NAME</b>	
<b>PARENT(S) SIGNATURE</b>	<b>DATE</b>
<b>RECEIVED BY NAME/TITLE/AGENCY</b>	<b>DATE</b>

Attachment: ESIT Program Part C Procedural Safeguards (Parent Rights)

Note: Parents are to receive a copy of this form and a signed copy is to be included in the child's early intervention record.